PTQ/SB/81 (11-08)

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## POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/579,872
Filing Date	May 26, 2000
First Named Inventor	Jeffrey Steven Albrecht
Title	Medical Management System
Art Unit	3626
Examiner Name	Christopher L. Gilligan
Attorney Docket Number	BCP-157-101

I hereby revoke all previous powers of attorney given in the above-identified application.								
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	ord of the entire interest. See 37 CFR 3.71. r 37 CFR 3.73(b) (Form PTO/SB/96) submitted hi	erewith or filed o	on		······································			
	SIGNATURE of Applicant	t or Assignee o	f Record					
Signature	3.1 4 1 1 6 6 Car		Date	5 N	ov. 109			
Name	R. Scott Meece		Telephone	914-3	66-1701			
	Title and Company General Counsel and Senior Vice President, Bayer HealthCare LLC							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of 1 forms are submitted								

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